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Pro Bono Attorneys for Plaintiff
Earl Dean Christian, Jr.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

EARL DEAN CHRISTIAN, JR.,

Plaintiff,

v.

H. MACIAS, B. HERNANDEZ, J. HICKMAN,
J. FELTNER, and DOES 1-10, inclusive,

Defendants.

Case No. 2:21-cv-305-KJN (P)

The Honorable Kendall J. Newman

DECLARATION OF KATELYN CHRISTIAN

1 I, Katelyn Christian, declare and state as follows:

2 1. My name is Katelyn Christian. I am the daughter of Earl Dean Christian, Jr. and have
3 moved to substitute into this action as the Plaintiff. I offer this declaration in response to the Court's July
4 18, 2023, Order directing me to provide this declaration pursuant to Section 377.32 of the California Code
5 of Civil Procedure. I have personal knowledge of the facts set forth in this declaration, and I could and
6 would testify thereto if called upon to do so.

7 2. My father, Earl Dean Christian Jr., passed away on April 12, 2023 in Corcoran, California.
8 A true and correct copy of his certified death certificate is attached as **Exhibit 1**.

9 3. No proceeding is now pending in California for administration of my father's estate.

10 4. I am my father's successor in interest as defined in Section 377.11 of the California Code
11 of Civil Procedure. My father died without a will and without a surviving spouse. As a result, my father's
12 estate passed to me under Section 6402(a) of the California Probate Code. *See* Cal. Civ. Proc. Code §§
13 377.10(b), 377.11.

14 5. No other person has a superior right to be substituted for my late father in the pending
15 action.

16
17 I declare under penalty of perjury under the laws of the United States and the State of California
18 that the foregoing is true and correct to the best of my knowledge.

19
20 Executed on 08/01, 2023 in Stockton, California.

21
22 By: 
23 Katelyn Christian
24
25
26
27
28

EXHIBIT 1

STATE OF CALIFORNIA									
CERTIFICATION OF VITAL RECORD									
COUNTY OF KINGS									
HEALTH DEPARTMENT									
HANFORD, CALIFORNIA									
3052023089785					3202316000279				
STATE FILE NUMBER					LOCAL REGISTRATION NUMBER				
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (if given)					
EARL		DEAN		CHRISTIAN, JR					
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)									
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX		7. DATE OF DEATH mm/dd/yyyy			
04/11/1980		43		M		04/12/2023			
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDOP (at Time of Death)		8. HOUR 0-24	
CO		524-27-3953		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED		0717	
13. EDUCATION - highest level attained (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)					
UNKNOWN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE					
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)				19. YEARS IN OCCUPATION	
NEVER WORKED									
20. DECEDENT'S RESIDENCE (Street and number, or location)									
900 QUEBEC AVE									
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
CORCORAN		KINGS		93212		5		CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
KATELYN CHRISTIAN, DAUGHTER				3232 MUNFORD AVE SP 15, STOCKTON, CA 95205					
28. NAME OF SURVIVING SPOUSE/SDOP - FIRST				29. MIDDLE		30. LAST (BIRTH NAME)			
-				-		-			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE			
EARL		DEAN		CHRISTIAN, SR		MN			
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE			
UNK		UNK		UNK		UNK			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION RES KATELYN CHRISTIAN							
04/26/2023		3232 MUNFORD AVE SP 15, STOCKTON, CA 95205							
41. TYPE OF DISPOSITION				42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER	
CREMATE/RESIDENCE				NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT				45. LICENSE NUMBER				47. DATE mm/dd/yyyy	
LODI FUNERAL HOME				FD627				04/25/2023	
46. SIGNATURE OF LOCAL REGISTRAR				48. SIGNATURE OF LOCAL REGISTRAR					
				MILTON TESKE MD					
101. PLACE OF DEATH									
CALIFORNIA STATE PRISON SATF									
102. IF HOSPITAL, SPECIFY ONE									
<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other									
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)				106. CITY			
KINGS		900 QUEBEC AVE				CORCORAN			
107. CAUSE OF DEATH									
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)									
W PENDING INVESTIGATION									
108. DEATH REPORTED TO CORONER?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
109. BIOPSY PERFORMED?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
110. AUTOPSY PERFORMED?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
111. USED IN DETERMINING CAUSE?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date(s)									
UNK									
113A. DECEDENT PREGNANT IN LAST YEAR?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK									
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED									
Decedent Attended Since Decedent Last Seen Alive									
(A) mm/dd/yyyy (B) mm/dd/yyyy									
115. SIGNATURE AND TITLE OF CERTIFIER									
116. LICENSE NUMBER 117. DATE mm/dd/yyyy									
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE									
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED									
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined									
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK									
121. INJURY DATE mm/dd/yyyy 122. HOUR (24 hours)									
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)									
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)									
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)									
126. SIGNATURE OF CORONER / DEPUTY CORONER									
ERIC ESSMAN									
127. DATE mm/dd/yyyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
04/20/2023 ERIC ESSMAN, DEP CORONER									
STATE REGISTRAR		A		B		C		D	
FAX AUTH.#				CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF KINGS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Kings County Department of Public Health.

DATE ISSUED

MAY 02 2023

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



MILTON TESKE, MD
COUNTY HEALTH OFFICER

CAKINGS-01